



**City of Reading  
Police Department**  
815 Washington Street  
Reading, Pa. 19601

PHONE: (610) 655-6116 FAX: (610) 655-6135



Mayor  
Vaughn D. Spencer

Chief of Police  
William M. Heim

### **Abandoned Vehicle Report**

- Please complete this form and forward to the Office of Traffic Law Enforcement for follow-up. Your name will not be disseminated.
- Prior to filling out this form, does the vehicle meet the criteria for being abandoned? Is the registration expired? OR is the Inspection Sticker expired? (This is the sticker with the "IM" on it.)
- Items with the asterisk must be completed.
- Upon completion, this form must be printed and either mailed to, or dropped off at the Reading Police Department at the above listed address, attention: Traffic Law Enforcement Office.
- \* Denotes a **REQUIRED** field.
- If NO License plate, please enter "NONE".
- If the vehicle is on **PRIVATE PROPERTY** please call 610-655-6294 to make arrangements for removal.

\*Location of the vehicle (be as specific as possible): \_\_\_\_\_

\*Vehicle make (and model if known): \_\_\_\_\_

\*Color: \_\_\_\_\_

\*Registration (License) Plate (if present): \_\_\_\_\_ \*State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Inspection Expiration: month: \_\_\_\_\_ (sticker with IM) year: \_\_\_\_\_

Vehicle Identification Number (VIN) (if visible): \_\_\_\_\_

\*Date & Time observed: \_\_\_\_\_

Owner (if known): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Name: \_\_\_\_\_ \*PH#: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_